Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: SUBCUTANEOUSLY IMPLANTABLE

ACCESS PORT

Attorney Docket Number:: 0584-1011

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Inform	ation				
Applicant Authority Type::		Inventor			
Primary Citizens	hip Country::				
Status::		Full Capacity			
Given Name::		MICHEL			
Middle Name::					
Family Name::		BUNODIERE			
City of Residence::		NEUILLY-SUR-SEIN	NEUILLY-SUR-SEINE		
State or Provinc	e of				
Residence::					
Country of Resid	ence::	FRANCE			
Street of Mailing C/O CLINIQUE HARTMANN					
Address::	Address:: 26, BOULEVARD VICTOR HUGO				
City of Mailing Address:: NEUILLY-SUR-SEINE					
State or Provinc	e of Mailing Add	ress::			
Country of Mailing Address:: FRANCE					
Postal or Zip Co	de of Mailing Ad	dress:: 92200			
Correspondence I	nformation				
Correspondence Customer		000466			
Number::					
Representative I	nformation				
Representative Customer		000466			
Number::					
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Domestic Priorit	y Information				
Application::	Continuity	Parent	Parent Filing		
	Type::	Application::	Date::		

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	02 13386	10/25/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::'

Country of Mailing Address::

Postal or Zip Code of Mailing Address::